



RECEIVED
2025 JAN 23 AM 6:21
IDPC - #18

Principal Life Insurance Company
Principal National Life Insurance Company
 P.O. Box 10431, Des Moines, IA 50306-0431
 www.principal.com

Your policy indicates its issuer, which is the company responsible for the policy obligations and is referred to herein as the 'Company'.

Individual Life Insurance Claim Form
Beneficiary Statement

For Assistance: 800-331-2213
 Fax: 866-894-2096
 Email: IndClaims@exchange.principal.com

See Important Information on page 3. If you have any questions, or need help completing this form, we are glad to assist. Our normal business hours are weekdays from 7:00 a.m. to 5:00 p.m. Central Time.

Return completed form to: P.O. Box 10431, Des Moines, IA 50306-0431 or
 Overnight Mail Address: 711 High Street, IDPC-M1-E10, Des Moines IA 50392-4510

Insured (Deceased) Information

Deceased's Name (Please list all names Insured may have been known by, such as maiden name, nicknames, or aliases) George Thomas Campbell III Date of Birth [REDACTED]
 Date of Death 12-17-2024 Cause of Death Accident - Head Trauma Manner of Death ☒ Natural ☒ Accident ☐ Homicide ☐ Suicide ☐ Unknown

Beneficiary Information – The Beneficiary must sign below for this form to be in good order

Name of Beneficiary Larissa Kiens Date of Birth (if an individual person) [REDACTED] US Citizen or Specify Citizenship [REDACTED]
 Street Address [REDACTED] City (Do not abbreviate) [REDACTED] State [REDACTED] ZIP [REDACTED] Daytime Phone Number [REDACTED]
 Mailing address if different than above [REDACTED]

Email Address larissa@bk-lawyers.com

Policy Numbers for which you are making a claim

4855776

The Principal® requires the Beneficiary's Taxpayer Identification Number (TIN). If the Beneficiary is an individual person, please provide their Social Security Number. If the Beneficiary is an entity, please provide the entity's Taxpayer ID Number.

Request for Taxpayer Identification Number and Certification (Substitute Form W-9)

If you are a U.S. person (U.S. citizen, resident alien or U.S. entity) complete the following certification.

If you are not a U.S. person, do not complete the following certification but instead submit a valid Form W-8BEN (foreign individual) or W-8BEN-E (foreign entity). If you are claiming treaty benefits, provide the required U.S. or foreign tax identifying number as noted in the instructions. Failure to submit a valid Form W-8BEN or W-8BEN-E or to provide a required tax identifying number will result in mandatory withholding of 30% of the taxable portion of the payment.

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Withholding, individuals and sole proprietors MUST provide their Social Security Number. Other entities (businesses or trusts) MUST provide their Employer Identification Number.

Beneficiary [REDACTED] **Trust, Estate, or Corporation**
Social Security Number: [REDACTED] **or Employer Tax ID Number:** [REDACTED]

If you do not have a number or you have applied for a number, write "APPLIED FOR". The Company may begin Backup Withholding.

CERTIFICATION – UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined in the instructions to Form W-9), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item 2 above, if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. See attached pages for other state specific fraud notices. **The Beneficiary must sign below for this form to be in good order.**

| | | | |
|--|---|---|------------------------|
| Print Name of Beneficiary <u>Larissa Kiens</u> | Signature of Beneficiary/Claimant <u>[Signature]</u> | Relationship (i.e. Trustee, Executor, Spouse, Child) <u>ex. Spouse</u> | Date <u>1-17-25</u> |
| Print Name of Co-Trustee/Co-Executor (Trust or Estate is Beneficiary) | Signature of Co-Trustee/Co-Executor | Relationship (Co-Trustee/Co-Executor) | Date |

**Beneficiary's
Settlement Election****Please Check Your Preferred Form of Settlement**

- ☐ 1. **Deposit the proceeds directly into my checking account.** A pre-printed voided check is required and must contain the name of the Beneficiary (it is acceptable if the deceased's name also appears on the check in addition to yours). If account information does not match the Beneficiary information, or a pre-printed voided check is not attached, a check will be sent to the Beneficiary's address provided. If you don't have a voided check to provide, we'll accept a letter from your bank on their letterhead that provides your routing number, account number and the name on the account.

Account Name must be in the name of the Beneficiary.

**ATTACH PRE-PRINTED
VOIDED CHECK HERE
(no deposit slips)**

- ☒ 2. **Send my check to the address I provided on page 1.**
- ☐ 3. **Send my check to the Principal Financial Group Sales Representative listed below (*not available in Illinois*):**
 Name _____
 Address _____
- ☐ 4. **Other Settlement Options** – (Only available if the Beneficiary is an individual person). An Election of Current Yield Benefit Option application (BB4342A) is required to be completed. If you have questions about these options, please call our toll-free number, 1-800-331-2213.
- ☐ Life Income
- ☐ 10 Year Fixed Income
- ☐ Interest Option (*This option is only available if stated in the original policy.*)

Principal Financial Group has a broad array of products and services to meet your financial needs. For further information, contact your Principal Financial Group Sales Representative or visit www.principal.com.

Select...

RECEIVED
2025 JAN 23 AM 6:32
IDPC #18